CHOCH AN ESDATION BEARING FOR A 1860 TO BARROW SILL HORSE TO I BARROW OF PROPERTY OF CONFERCE Approved for use unough 10 1000 OMB ON 1003 U.S. Perent and Indomera Office: U.S. DEPARTMENT OF COMMERCE Supality of Form PTO 878 Blective December 8: 2004 APPLICATION AS FILED - PARTI (Column 1) (Caimon 1) SMALL ENTITY NAHT RAHTO OR SMALL ENTITY FOR HUMBER FLED HUHBER EXTRA HASIC FEE RATE IS FEE (3) CIA | 1811 18 & (6) RATE (1) H/A EÉtai SEARCHFEE tVA 150,00 131 OFA 1 1614 H. or [m] NIA NA . 300.00 N/A HVA EXAMINATION FEE \$250. NIA (\$2 CFR 1 1410), (p), or (q)! NX \$600 N/A TOTAL CLAIMS 107. CFR 1 16(1) NA \$100 NIA \$200 MINUM 20 . X\$ 26 INDEPENDENT CLAIMS X\$50 CHT CER I THIN ÓŘ C numm X100 Of beeaxe somment and bearinged entitle X200 Application size sheets of paper, the application size fee due FEE . 137 CFR 116(4) ts \$260 (\$128 (or small entry) for each additional 80 sheets or frection thereof, See 35 U.S.O. 41(a)(1)(Q) end 37 CFR (:16(4) MULTIPLE DEPENDENT CLAIM PRESENT OF CERT I SHIP +180= 496Q± \* If the difference in column 1 is less than zero, enler "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II Column 1) (Column 2) (Column 3): other than SMALL ENTITY CUXINS 8 REMAINING HUMBER PRESENT AFTER MEHOMENT RATE (1) PREVIOUSLY ADDI-EXTRA RATE (\$) PAID FOR TIONAL ADD( DI ETA LINCOL Minus FEE ( HONAL FEE MI Ô X\$ 25 protection X\$50 Minus OR X100 Application Size Fee (31 CFR 1.16(s)) X200 Off FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.160) +180**≈ €360**± OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) CLAIMS REMAINING Column 3) HIGHEST NUMBER PRESENT AFTER. RATE (1) ADDI-TIONAL PREVIOUSLY EXTRA RATE (1) -IOOA PAID FOR arcre.com TIONAL FEE (1) sundM. FEE (1) X\$ 25 troppedent. Minue XISO OR X100 Application 6 to \$40 (37 CFR 1.16(1)) X200 OR. first presentation of multiple dependent claim (at CFR 1.160) +100= 4860a ÓŘ If the entry in column 1 is been than the entry in column 2, write "or in column 2.

If the "Highest Number Previously Paid For" IN THE SPACE is less than 20, enter 20".

The "Highest Number Previously Paid For" IN THE SPACE is less than 3, enter "or.

The "Highest Number Previously Paid For" IN THE SPACE is less than 3, enter "or.

It collection of information is required by 37 CFR 1.16. The information is required to obtain of retain a tenerit by the public which is to the lend by the public which is to the lend by the standard to phoceas?

To to phoceas? an application. Confidentiality to potented by 25 U.S.O. 122 and 37 OFR 1.14. This collection is estimated to take 12 inhumes to complete and on the information of line you require to complete the form and/or supposition form to the USPTO. Three will vary depending upon the individual case, Any committee and only the only of the collection of line you are used to complete this form and/or suppositions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Office, U.S. Pepantment of Committees, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES ON DOMPLETED FORMS TO THIS OFFICE IN THE SENDER OF COMPLETED FORMS TO THIS TOTAL